

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/518562**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1	12/20/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

10. REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): \_\_\_\_\_

☒ Treasury Check

☐ Credit Deposit A/C #: \_\_\_\_\_

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11 REFUND REQUESTED BY: \_\_\_\_\_

TYPED/PRINTED NAME: A Johnson TITLE: paralegal

SIGNATURE: A Johnson PHONE: 308-9640

OFFICE: PCT

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*